

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/595820

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>					
2		<i>1</i>				
3		<i>2</i>				
4	<i>1</i>					
5		<i>1</i>				
6		<i>1</i>				
7		<i>1</i>				
8		<i>1</i>				
9	<i>1</i>					
10		<i>1</i>				
11		<i>2</i>				
12	<i>1</i>					
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TOTAL IND.	<i>4</i>	↓		↓	↓	
TOTAL DEP.	<i>10</i>	←		←	←	
TOTAL CLAIMS	<i>14</i>					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓	↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						